

WILTSHIRE COUNTY COUNCIL.

LONDON SCHOOL OF HYGIENE
AND TROPICAL MEDICINE.
(DEPT OF MEDICAL STATISTICS)

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1947.

CONTENTS.

	PAGE.
Buildings, School	18
Child Guidance	17
Chiropody	9
Cleanliness of Children	17
Closure of Schools	18
Convalescent Home, Marlborough	17
Dental Treatment	9
Diphtheria Immunisation	9
Ear, Nose and Throat Clinics	6
Educationally Sub-Normal Pupils	14
Handicapped Children	14
Heart Clinics	7
Hospital Treatment	4
Medical Inspection : General Arrangements	4
Meals in Schools	12
Medical Treatment	4
Milk-in-Schools Scheme	11
Orthopædic Clinics	8
Population : School	4
Physical Welfare of Children	11
Spastic Paralysis	15
Special Services	6
Speech Therapy	9
Staff	3
Statistical Tables	19—28
Tonsil and Adenoid Operations	6

WILTSHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE OF
WILTSHIRE COUNTY COUNCIL.

LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report on the work of the School Medical Service in the Administrative County of Wiltshire during the year 1947.

While there are many changes coming into being under the National Health Service Act which affect the medical work of the County Council, it will be realised that the duties of the Local Education Authority under the Education Act are not altered. The general scheme of school medical inspection must be carried out, and treatment when recommended secured. Changes, however, will take place in the way in which treatment is secured and alternative arrangements with Regional Hospital Boards will have to be made to provide operative and other hospital treatment previously given in the Council's own hospitals or by arrangements with Voluntary hospitals.

Extensions made in the School Medical Service have been as regards orthoptics and chiropody, while the teaching of remedial exercises has been resumed.

I am happy to place on record the valuable help I have had over all matters in the School Medical Service from Dr. Urquhart, the Chief Assistant Medical Officer, and from the clerical staff engaged in this work.

I am,

Your Obedient Servant,

J. BURMAN LOWE,

County School Medical Officer.

COUNTY HALL,
TROWBRIDGE.

April, 1948.

STAFF.

In view of the coming changes affecting the work of the Health Department it seems to be appropriate to set out the staff engaged in the work of the School Medical Service.

Medical.

County Medical Officer and County School Medical Officer :

J. BURMAN LOWE, M.B., Ch.B., D.P.H.

Deputy County Medical Officer and Deputy County School Medical Officer :

AGNES L. SEMPLE, M.B., Ch.B., D.P.H.

Chief Assistant County Medical Officer and County School Medical Officer :

J. URQUHART, M.B., Ch.B., D.P.H.

Assistant County School Medical Officers :

C. L. BROOMHEAD, M.D., Ch.B., B.A.O., D.P.H. (also Assistant County Medical Officer and Medical Officer of Health of the County Districts of Chippenham Borough, Calne and Chippenham Rural District, Malmesbury Borough, Malmesbury Rural District and Calne Borough).

D. L. JOHNSON, M.R.C.S., L.R.C.P., D.P.H., (also Assistant County Medical Officer and Medical Officer of Health of East Wilts Combined Districts as from January 1st, 1948).

D. F. MORGAN, M.B., Ch.B., D.P.H. (also Assistant County Medical Officer and Medical Officer of Health of Warminster Urban District, Westbury Urban District and Warminster and Westbury Rural District).

JEAN MURRAY, M.B., Ch.B., D.P.H. (also Assistant County Medical Officer and Medical Officer of Health of the County Districts of Trowbridge Urban District, Bradford Urban District and Bradford and Melksham Rural District).

S. S. PROCTOR, M.D., Ch.B., D.P.H. (also Medical Officer of Health of the City of Salisbury).

H. MARGARET HAMMOND, M.B., Ch.B. (also Assistant County Medical Officer).

J. REYNOLDS, L.R.C.P. Ed., L.R.C.S. Ed., D.P.H. (also Assistant County Medical Officer).

Assistance in respect of school medical inspections has also been given by Isobel M. Scott, M.D., Ch.B., and J. I. F. Knight, M.R.C.S., L.R.C.P., and in respect of immunisation by Brenda G. Hutchinson, F.R.C.S., L.R.C.P., D.A.

Dental.

Chief Dental Officer :

W. H. LIEBOW, L.D.S.

County Dental Officers :

E. C. HUMPHREYS, L.D.S.

F. LAKE, L.D.S.

R. MAXWELL, L.D.S.

R. S. MCMINN, L.D.S.

E. H. RANDERSON, L.D.S.

H. P. SUTCLIFFE, L.D.S.

S. M. YOUNG, L.D.S.

} Also engaged in carrying out treatment for children under school age and for adults, viz., expectant mothers, P.A., M.D., Police, etc.

Remedial Exercises.

This work remained in abeyance throughout the year, but a suitable applicant for this post appointed in Nov./Dec. took up her duties in January, 1948.

School Nursing.

This service was satisfactorily maintained throughout the year by District Nurses, whole-time Health Visitors and whole-time School Nurses.

SCHOOL POPULATION.

The total number of children attending the 324 primary, secondary modern and secondary grammar schools maintained by the Education Committee throughout the County, including Salisbury but excluding Swindon, at the end of 1947, was 32,584. For 1946 the figure was 31,431.

The Swindon scheme for Divisional administration provides for the delegation to Swindon Borough Council of the functions of school medical inspection and treatment. The number of children attending the 36 Swindon schools is 8,904, compared with 8,564 in 1946.

MEDICAL INSPECTION.

A routine inspection and subsequent re-inspection of the scholars found to have defects was arranged for the majority of the schools during the year and statistics as to the numbers of children examined in the routine age groups, and those re-inspected, as well as the findings of medical inspection are given in tables I and II on pages 19, 20, 23, 24, and 25.

The routine age groups for inspection were as follows:—

Entrants, i.e., pupils admitted for the first time to a maintained primary school or secondary grammar school.

Second Age Group or Intermediates, i.e., those who had attained the age of nine years in the case of primary school pupils, and 14 years in the case of secondary grammar school pupils.

Third Age Group or Leavers, i.e., Pupils in the last year of attendance at school, whether secondary or secondary grammar.

Other Periodic Inspections, i.e., Pupils who should have been examined in the previous year in routine age groups but were absent when the Medical Inspector visited.

Specials, i.e., pupils not in the routine age groups whom the Head Teacher considered it desirable to submit for examination.

MEDICAL TREATMENT.

Section 48/3 of the Education Act, 1944, which came into operation on 1/3/45, placed upon Local Education Authorities the responsibility of extending their arrangements for medical inspection and treatment so as to provide comprehensive facilities for examination and treatment, other than domiciliary treatment but including Hospital treatment, for all children attending schools maintained by the Committee.

The Handicapped Pupils and School Health Service Regulations made under the Act in July, 1945, outlined the arrangements to be made to provide this service, which was to be free if not otherwise available—e.g., through membership of a Hospital Contributory Scheme.

Hospital Treatment: General Arrangements.

Under Circular 102 of the Ministry of Education dated 9/5/46, Local Authorities were required to submit to the Ministry for approval their proposals to amplify existing arrangements so as to provide a complete hospital service for children attending maintained schools. The rates of payment, which had been negotiated with the British Hospitals Association, to be made by the Authority to the Voluntary Hospitals in respect of attendances in the Out-patient Department, maintenance in hospital, and of the services of the visiting medical and surgical staff, were set out in the Circular. Broadly speaking, these rates are on the basis of 75% of the ascertained cost per out-patient attendance, or of maintenance in the Hospital subject to certain maxima. Additional payments for distribution to the hospital visiting medical and surgical staff are also authorised.

The Circular further provided that payments to hospitals might be retrospective to 1/4/45, and that the rates specified should, unless the Minister otherwise determined, be without prejudice to existing approved arrangements with the hospitals or their staff, where such arrangements provided for payment at higher rates.

On considering this Circular, the Committee defined the services for which they were prepared to take financial responsibility at each of the hospitals within the County, and at certain neighbouring hospitals which also serve the County, having regard to the facilities available at each, and to the Committee's existing special arrangements. They recommended that payment as from 1/1/47 should be subject to the following conditions:—

1. That providing treatment is approved by the County School Medical Officer, responsibility for treatment of all pupils attending maintained schools be accepted in the hospitals to be recognised for this purpose.

2. That all hospitals, claiming payment be asked to submit each week to the County School Medical Officer, or to a Medical Officer authorised by him, a list of all pupils, with a diagnosis of their ailment.

3. That should the case be a long stay one the County School Medical Officer should give consideration in consultation with the Director of Education to the possibilities of the child receiving education.

The Committee further decided that payment should be made to the Hospitals retrospectively from 1/4/45 until 31/12/46 on receipt of detailed accounts, and subject only to their being satisfied that payment had not previously been made under the existing arrangements in respect of any of the cases for which payment was claimed, and to the children in question attending schools maintained by the Authority. Up to the end of the year accounts had been received for this period from the following Hospitals, and the payments made to them have totalled approximately £7,600:—The Royal United Hospital, Bath, the Devizes and District Hospital, The Salisbury General Infirmary, The Trowbridge and District Hospital, The Warminster Hospital, The Radcliffe Infirmary, Oxford, The Bath Eye Infirmary, Moorfields Eye Hospital, The Royal Hospital for Sick Children and Women, Bristol, The Prideaux Voluntary Hospital, Westbury.

The checking of these accounts entailed very considerable clerical work, particularly as the school which the children attended was frequently not stated, and enquiry was necessary to obtain the information.

The Committee's proposals received the formal consent of the Minister on 20th February, 1947, and a complete medical service providing both in-patient and out-patient hospital treatment, as well as specialist services, is now available free of cost for all children attending Wilts maintained schools.

With two exceptions, the Hospitals have co-operated fully, and regular information has been received of admissions to and discharges from the hospitals, and of attendances in the out-patient Departments. These details have given most useful information as to the work undertaken by the Hospitals for school children, and have proved a valuable link with the school health services. Where it seems appropriate, extracts are taken from the hospital lists and added to the children's school medical records so that histories as complete as possible are maintained.

From one of the two outstanding hospitals neither returns nor accounts have been received, but from the other regular returns are now received, although this was not so for a considerable time.

The financial arrangements under Circular 102 are, of course, mainly interim measures until the full National Health Service comes into operation.

The arrangements outlined above apply to Primary, Secondary, and Grammar Schools and the details and figures given under the subsequent headings are in respect of pupils attending the three types of schools. Separate statistical tables are, however, given for the Grammar Schools. (See pages 19—28.)

Special Services.

Brief details are given in the following paragraphs of the special arrangements for the treatment of ear, nose and throat, heart, orthopædic, speech and other defects, and for diphtheria immunisation.

The only clinics established in County Council premises are as follows and clinics are to a large extent held by special arrangement in the out-patient departments of voluntary hospitals or in village halls, church rooms, etc., where these have been found suitable.

15 Milton Road, Swindon.

County Council Clinic, The Halve, Trowbridge.

County Council Clinic, Fuller Avenue, Corsham.

Operative treatment is usually provided in the hospital to which the clinic is attached.

It is expected that the premises at 15 Milton Road, Swindon, will pass to the Oxford Regional Hospital Board, but that the Clinics at Trowbridge and Corsham will remain with the County Council as they are for the most part used for school medical and maternity and child welfare purposes.

Ear, Nose and Throat Clinics and Tonsils and Adenoid Operations.

As a result of routine school medical inspection during the year, 697 children were found to be in need of treatment for nose and throat conditions whilst 172 others required treatment for defects of the ear.

The majority of these cases were referred for examination at the consultant clinics and the following table shows the numbers examined at the various centres and the operations performed during the year.

Clinic.	Children Examined.	Operations Performed.					Otherwise Treated.	
		Nose and Throat.			Ear.		Nose and Throat.	Ear.
		T. and A.	Other (without T. & A.)	Other (in addition to T. & A.)	Mastoid.	Other.		
Chippenham ...	136	99	2	4	—	—	5	3
Corsham ...	168	93	6	6	—	2	14	7
Devizes ...	71	33	—	3	—	—	8	4
Malmesbury ...	42	5	—	—	—	—	2	1
Salisbury ...	591	278	43	25	5	2	8	39
Savernake ...	122	38	4	1	2	—	2	5
Swindon ...	94	34	1	1	—	—	1	1
Trowbridge ...	289	116	30	9	5	6	21	27
	1513	696	86	49	12	10	61	87

In addition to the 853 operations included in this table, 66 children with enlarged tonsils and adenoids, uncomplicated by other conditions, were referred direct to hospital for operation without preliminary examination at the clinics. Forty-eight of these operations were, however, performed by the consulting surgeons.

In the early summer cases of Poliomyelitis began to be notified throughout the Country and the Ministry of Health advised that children from areas where a case had occurred should not be admitted to hospital for nose and throat operations until the risk of infection had passed, as there was some evidence that immediately after such operations children were more susceptible to the infection.

As a consequence therefore, children living within a radius of about five miles of a case were not admitted until a month after the isolation of the last case notified in the district. This arrangement, however, seemed not to be ideal since children from an infected area might attend a senior school outside the five mile radius and thus convey the risk of infection to a school from which children might be admitted to hospital for operation, as no actual case had been notified in the area of the school. It was, therefore, decided that once a case had been notified no child attending any one of a group of schools contributing to the Senior School in the particular district, should be admitted to hospital, except in a case of real emergency, until a month after the last notified case in the area had been isolated. This point was watched with great care and added considerably to the clerical work since arrangements made for the admission to hospital of a group of children frequently had to be cancelled at short notice on a case of Poliomyelitis being notified, and arrangements made if practicable for children to be admitted from another area.

Twenty-five confirmed cases of poliomyelitis amongst school children were notified during the year, but no child recently operated upon for tonsils and adenoids under the Education Committee's arrangements contracted the infection.

To deal with the additions to the operation waiting list resulting from these precautionary measures, operating sessions have been arranged at the Savernake and Odstock Hospitals. At the time of writing, the waiting lists at all the hospitals with which we have arrangements are considerable, except at Odstock where the work has now been brought up to date and the additional sessions discontinued. At St. Margaret's Hospital there has been the added difficulty of shortage of trained nursing staff and it has not been possible to deal with any cases requiring sinus operations during the last six months of the year. Early in 1948, arrangements were made for such cases to be dealt with at the Bristol Royal Hospital where the surgeon who operates at St. Margaret's is on the staff.

Heart Clinics.

Clinics to which children are referred by the School Medical Officer or at the request of the family doctor are held periodically by Dr. L. C. Hill, of Bath, at Trowbridge and Swindon, and by Dr. R. G. M. Longridge, at Salisbury. In cases where more detailed examination is necessary than can be given in these Clinics, the Consultants arrange for the children to attend at their respective Hospitals—Royal United Hospital, Bath or Salisbury General Infirmary—where X-Ray examinations can be made or electro-cardiograph or other special investigations undertaken. Complete reports of the examination at Clinics or Hospitals are furnished to the family doctor as well as to this Department, and the Clinics are thus of the utmost value in securing the proper supervision of the more serious cases of heart disease, and in freeing from unnecessary restriction those cases in which improvment had been noted. During the year, 16 clinics were held and 109 children examined.

Orthopædic Clinics.

Clinics associated with the Bath and Wessex Children's Orthopædic Hospital are held at the following Centres which are visited by the Surgeon and After-Care Sister from that Hospital as indicated :—

<i>Centre.</i>	<i>Surgeon Attends.</i>	<i>Sister Attends.</i>
*CORSHAM. County Council Clinic, Fuller Avenue ...	2nd Wednesday in each month, mainly alternate months at each Centre.	Mainly alternate Wednesdays at each Centre.
*CHIPPENHAM. Parish Church Rooms		
*These two Clinics are held in conjunction with each other.		
DEVIZES. Boy Scouts' Hall	3rd Thursday each month ...	2nd and 4th Thursdays each month.
MALMESBURY. Malmesbury and District Hospital ...	1st Thursday each month ...	3rd Thursday each month.
SALISBURY. Salisbury General Infirmary	1st and 3rd Monday each month	2nd and 4th Monday each month.
SWINDON. Gorse Hill Isolation Hospital	1st Tuesday each month ...	2nd, 3rd and 4th Tuesdays each month.
TROWBRIDGE. County Council Clinic, The Halve ...	4th Friday each month ...	1st, 2nd and 3rd Fridays each month.

The organisation of the clinics is on a voluntary basis, each under the control of a secretary, and their generous help for so many years past has contributed largely to the success of the work.

The pressure on the clinics is heavy, but it is hoped that this will be eased to some extent now that the vacancy for a Remedial Gymnast on the Education Committee's staff has been filled. With the resumption of remedial exercise classes under her control in the schools and at other centres, it will no longer be necessary to refer all the less serious cases of postural defect and flat feet to the Clinics.

During the year, 916 children attended the Clinics and 68 were admitted to the Bath and Wessex Orthopædic Hospital.

Eye Clinics.

The Education Committee has arrangements with three Ophthalmic Surgeons in private practice to hold Clinics for school children in various centres in the County.

The pressure upon these clinics is heavy and it is becoming increasingly difficult to keep pace with the demand. Consideration is now being given as to how this problem can best be met.

In the Devizes area particularly, there are considerable arrears of cases to be dealt with, but work here was held up for nearly five months owing to the lack of suitable premises for use as a clinic, and it was not until November that arrangements were made for clinics to be held at the Devizes and District Hospital.

Details of the cases dealt with in the clinics during 1947 from primary and secondary schools will be found on page 22 and of grammar school pupils on page 27 in table III group II. Table II on pages 20 and 25 gives the particulars of cases found at routine medical inspections in the primary and grammar schools respectively to be in need of treatment for eye conditions.

The services of an orthoptist became available at Salisbury General Infirmary during the year, and arrangements have been made with the Ophthalmic Surgeon there for all cases of squint and allied conditions to be referred to her. The progress of this addition to the School Health Service will be watched with interest.

Twenty-seven operations for squint were performed throughout the County during the year.

Speech Training.

The provision of special training for children with speech defects continues to be a problem.

The Education Committee has arrangements with two Speech Therapists in private practice, and it has only been possible to establish regular clinics at Chippenham and Salisbury, where they are held weekly. A few cases are, however, referred by arrangement with the respective School Medical Officers to the clinics at Bath and Swindon, which incidentally are conducted by the Speech Therapist who holds the Chippenham Clinic.

These facilities are clearly inadequate to serve the whole County, and it is impracticable at present to deal with cases in the more remote country districts. In those cases where attendance at the Clinics is arranged, it is frequently necessary to provide transport through the Hospital Car Service, or to repay expenses. To meet the difficulty, the Education Committee appointed a whole-time Therapist, who was able to deal with cases at various centres in the County. This arrangement was, however, short-lived, as the Officer concerned who was engaged in March, 1947, had to relinquish her appointment on account of illness in the following July and it was not practicable to appoint a successor until the present year.

During 1947, 31 new cases requiring training were reported as a result of school medical inspection, and wherever possible appropriate arrangements were made. With others referred in previous years, 62 children in all attended the clinics during the year—32 at Salisbury and 30 at Chippenham. There are, unfortunately, twelve cases on our list for which it has not been practicable to make arrangements owing to the inaccessibility of the clinics to the children's homes.

Chiropody.

Medical inspection has shown that up to the present there has been insufficient facility for the treatment of foot defects. It was considered, therefore, that a chiropody service was an urgent necessity, and arrangements have now been made with qualified chiropodists at six centres in the County to attend children referred to them through the School Health Service, but these arrangements were not concluded in time for any cases to be dealt with before the end of the year.

DIPHTHERIA IMMUNISATION.

This scheme continues to show very satisfactory results, that is, an absence of any case of diphtheria this year in an immunised child. This is being increasingly appreciated by the public.

In addition to the usual two primary injections given preferably as early as possible after nine months of age, a large number of single "reinforcing" injections have been given to children in school who had received the primary injections five years ago. No complaints of reactions were received by me; any minor reactions, if occurring, were explained satisfactorily to the parents by the medical officers carrying out the work.

DENTAL TREATMENT.

The progress of the Dental Scheme has been retarded during 1947 because of the difficulty in obtaining Dental Officers. The work of the seven Dental Officers consists chiefly of dental inspection and treatment of primary and secondary school children, each officer being responsible for the schools within a definite area. The work commences at the Infants' schools and progresses through Junior to the Secondary Modern Schools in each Modern School area, so that no children should lose the opportunity of treatment because of the routine transfer from Primary to Secondary school. It has not yet been possible to make up the arrears of work due to shortages of staff during the previous years, with the result that some schools have not been visited for a considerable time.

Of the number of children examined, 60 per cent. were found to require treatment. This is the same figure as the previous year's. The following table shows, for every 100 children treated :—

- (a) The number of permanent teeth extracted.
- (b) The number of fillings in permanent teeth.

	1945	1946	1947
(a)	16	14	18
(b)	44	75	94

While the above table shows an increase for 1947 in the number of extractions, it also shows a considerable increase in the number of fillings in permanent teeth. This is an excellent feature, as the object of any scheme of dental treatment for school children is not to destroy teeth, but to ensure that each child should leave school with a healthy, complete dentition. They should also have received the necessary instruction in dental education to enable them to retain this desirable condition. As the Dental Officers are so fully occupied at the chairside, they have little time to devote to dental education; therefore it is hoped that this subject will receive the importance it deserves in the curriculum of the higher age groups. As it takes much longer to fill than to extract teeth, the period between the dentists' visits to the schools will increase in direct ratio to the increase in the number of teeth filled. The large majority of teeth filled should be retained for a long time and, if cared for, many should last throughout life. It is pleasing to record that, at some schools, the antipathy towards fillings is being overcome, and, contrary to past experience, parents often ask for teeth to be filled and not extracted. This is a source of satisfaction to the Dental Officers concerned, and is chiefly due to a realisation of the importance of conserving valuable teeth and the banishment of pain by filling teeth under local or regional anæsthesia.

Seventy-four patients (including scholars at secondary grammar schools) were fitted with orthodontic appliances for the correction of irregular teeth during the year, compared with 35 for the previous year. This is gradually becoming a more important part of the work of the Dental Officer and some excellent results have been obtained. As this treatment often takes months to complete, it occupies a great deal of the Dental Officer's time and interferes with the routine work, but it is difficult to apply any restrictions when lack of treatment may mean disfigurement for the patient throughout life. As these irregular teeth are sometimes caused by too early extraction of the temporary teeth there is an increase in the number of decayed temporary teeth treated with silver nitrate. By this treatment, teeth, which would otherwise be condemned, can be retained until the permanent teeth erupt. This treatment is included under "other operations" in table IV, which shows the work done for primary and secondary modern schools. There is a decrease shown in this table compared with the previous year which is more than balanced by the increase shown in table IV for the Secondary Grammar Schools.

The accommodation available for use as temporary dental surgeries in the County has usually been bad, but is now much worse owing to the increased demand for premises by the raising of the school leaving age, and the provision of school meals. It is to be regretted that, on occasions, the dental kit has to be covered, while the dental surgery is used as a dining hall.

Under the Health Act a school-child can obtain free treatment from any dentist who undertakes work under Part IV and, unless better accommodation, with suitable equipment, is available, there will be a gradual decrease in the number of school children treated by the County Dental Staff. In this way, the tremendous benefits of regular, routine treatment, will be lost with the reversion to occasional visits for the relief of pain. It is hoped that conditions will soon allow some progress in the establishment of better accommodation and equipment.

Because of the large number of children allotted to each Dental Officer, and, consequently, the long period between the dentists' visits to the schools, there is an increasing demand for treatment of casual patients. These are patients who require urgent treatment for the relief of pain, or have been referred by School Medical Inspectors or Specialists for treatment. Even if the condition is due to parental neglect in refusing treatment during the school visits, this work must be carried out. There are also applications from Head Teachers for special visits of dentists. All this work interferes with the routine visits and will not cease until there is an increase in the Dental Staff.

PHYSICAL WELFARE OF CHILDREN.

Milk in Schools Scheme.

The arrangements by which $\frac{1}{3}$ of a pint of milk is provided for each child in the County Schools under this scheme has continued throughout the year.

It is by no means easy to maintain supplies to schools in rural areas, and the County Sanitary Inspector often has considerable difficulty in finding suppliers. Despite this, deliveries have not only been maintained for all schools, but constant efforts have been made to provide supplies of heat treated or 'Tuberculin Tested' milk for those schools which have not been receiving milk of this quality, and also to secure supplies in $\frac{1}{3}$ pint bottles for schools which have been receiving milk in bulk. There remains, however, a number of schools in which every effort has failed to produce these results, and it is difficult to visualize supplies of Heat treated or T.T. milk in $\frac{1}{3}$ pint bottles with straws throughout the County, unless some additional inducement is offered to suppliers, in rural areas at least.

The position at the moment is as follows :—

School Departments Receiving :—

(a) Pasteurised or Heat Treated Milk

in $\frac{1}{3}$ pint bottles	...	...	...	...	111	
in bulk	...	...	...	...	13	
						—
TOTAL	...	...	...	...	124	(140)

(b) Tuberculin Tested Milk

in $\frac{1}{3}$ pint bottles	...	...	...	...	133	
in bulk	...	...	...	...	26	
						—
TOTAL	...	...	...	...	159	(135)

(c) Other Milk.

in $\frac{1}{3}$ pint bottles	...	...	...	...	21	
in bulk	...	...	...	...	20	
						—
TOTAL	...	...	...	...	41	(41)

The figures in brackets indicate the number of school departments supplied with each grade of milk in December, 1946.

The return submitted to the Ministry of Education in October, 1947, showed that 20,595 children in primary schools and 8,227 in secondary and grammar schools (excluding the Borough of Swindon) were having milk in school. This represents 93% and 68% respectively of the children attending school at that time.

It is the County Sanitary Inspector's objective to sample all the sources of school milk four times a year for biological examination for tubercle bacilli. During the year 1947, 297 samples were taken, representing an average of nearly 3 samples per year from each school supply. Of these samples three (all from accredited herds) were found to contain tubercle bacilli, and in each case arrangements were made for an alternative supply to the school until the original supply could safely be resumed.

Meals in Schools.

My attention has for some time been directed to the success accompanying the provision of meals in schools, and the Director of Education has been good enough to provide the following details :—

“ The arrangements for the provision of hot mid-day meals to children attending primary and secondary schools are undertaken by the Education Committee. In December, 1947, school canteens had been established in 212 schools and 12,437 children were being supplied with meals during term time on five days a week. Of these, approximately 1,471 children were receiving free meals. These figures show an increase of approximately 915 in the number of children receiving meals, and of 231 in the number of children receiving free meals. The Education Committee are continuing with their plans for the establishment of a number of central kitchens in various parts of the County in order that meals may be available for those schools at present without a meals service.”

As will be seen a very large number of children now receive school meals, and this fact stresses the importance of taking every possible precaution against any contamination of the food by bacteria or toxins likely to cause an outbreak of food poisoning. The larger the number of children taking meals, the larger would be the number affected should anything go wrong with the quality of the food. During 1947 no outbreak of food poisoning from school meals was brought to my notice, but outbreaks of a fairly extensive nature, although fortunately not of a serious degree, did take place both during the summer of 1946 and in January, 1948, showing that this danger cannot be disregarded. To meet this risk, I have, in co-operation with the Director of Education, drawn up a Code of Rules to be followed by all handlers of food in food depots and school kitchens, and a set of Regulations to act as a guide for School Meal Supervisors. These are set out below :

1. FOR FOOD HANDLERS.

Outbreaks of illness as a result of partaking of school meals are the result of contamination of the food before, during, or after preparation.

To avoid contamination, the following code of practice is to be followed :—

1. A high standard of cleanliness in all premises is to be maintained.
2. All refuse and waste food is to be stored in covered bins outside the kitchen.
3. All equipment, except knives, forks, and spoons, to be thoroughly washed in water at 120 F (e.g. hot enough to bear on the hand) containing a suitable liquid cleanser supplied from County Hall (3 tablespoons to a 2 gallon bucket) and rinsed in clean water at 170 F (e.g. too hot to immerse hands) and allowed to dry without wiping. The use of soda is out of date.
4. Food containers for conveying meals should finally be steam sterilized.
5. All food to be protected from contamination by dust, dirt, flies, and rodents, by proper storage. Where no refrigerator is provided meat should be kept in a well-ventilated fly-proof safe.
6. All food stuffs are to be protected from contamination by the food handlers themselves by :
 - (a) Scrubbing hands and nails clean before commencing work.
 - (b) Repeating this after every visit to the W.C.
 - (c) Avoiding contamination of the fingers when suffering from a cold by more frequent washing of hands.
 - (d) Reporting to person in charge the presence of any sores, or skin trouble on the hands or arms.

7. Food handlers to report to person in charge if suffering from, or in contact with, infectious or contagious disease, or diarrhoea.

8. Overalls to be changed as often as necessary to maintain a clean appearance, and a suitable head covering to be worn. Personal clothing not to be kept in kitchen unless a cupboard provided for the purpose is available.

9. Smoking in the kitchen is forbidden.

2. FOR SCHOOL MEAL ORGANISERS AND INSPECTORS.

1. The floor, walls, ceilings, windows and doors, of every room in which food is stored, prepared or distributed, are to be kept in a proper state of repair in a clean condition.

2. Adequate natural or artificial light with sufficient ventilation, preferably from the outside air, is to be provided in all these rooms.

3. Adequate and readily accessible sanitary accommodation, separate for the sexes, is to be provided and maintained in a clean condition.

4. Equipment, when faulty or worn out, is to be replaced as early as possible.

5. Personal clothing of employees not worn while working is not to be kept in a room where food is being prepared, stored or distributed, except in a cupboard provided for the purpose.

6. Premises are to be kept free from infestation by rats, mice, beetles, flies, etc., and in the event of any such infestation arising, action must at once be taken either through the County Health Department or otherwise.

7. Reasonable precautions must be taken to see that the employees are not suffering from any contagious or infectious disease, or diarrhoea, and should such cases occur the person in charge should report immediately to the Director of Education.

8. Wash-hand basins, equipped with scrubbing brushes, soap or liquid cleanser, and clean towels, are to be provided adjacent to all W.C.'s.

9. Suitable liquid cleanser is to be provided for cleansing all equipment used in the preparation or distribution of food. Sinks, tables, cutting-up boards, pastry boards, mincers, to be scrubbed immediately after use. Kitchen cloths and towels should be washed and boiled at the end of the day. Delivery meal vans should be kept clean at all times. All equipment when not in use should be stored in the places allocated.

10. If coal must be stored in the kitchen, it should be kept covered.

K. S. INNES,
Director of Education.

J. BURMAN LOWE,
County Medical Officer of Health.

County Hall,
Trowbridge.
January, 1948.

HANDICAPPED CHILDREN.

Details of all children who by reason of physical or mental handicap are unable to benefit fully from education in an ordinary school are given in the following table.

Of the total of 154 known cases on 31/12/47, 55 are in special schools, leaving 99 for which suitable provision has not yet been made. The problem of securing vacancies in special residential schools is becoming increasingly difficult and the lack of suitable accommodation is particularly acute in the case of educationally subnormal children and those suffering from spastic paralysis. Reference is made in more detail in the succeeding paragraphs to children in these two categories.

HANDICAPPED CHILDREN.

Children in Special Schools or suitable for admission to Special Schools.

	In Special Schools.	In Maintained Primary and Secondary Schools.	In Independent Schools.	Not at School.	Total.
Blind Pupils	8	—	—	—	8
Partially Sighted Pupils ...	4	—	—	—	4
Deaf Pupils	11	4	—	4 (under school age)	19
Partially Deaf Pupils	—	1	—	—	1
Delicate Pupils	2	1	—	—	3
Educationally Sub-Normal Pupils	12	67	—	3 (1)	82
Epileptic Pupils	—	1	—	—	1
Maladjusted Pupils	5	2	—	—	7
Physically Handicapped Pupils	13	6	—	6 (2)	25
Pupils suffering from Multiple Disabilities	—	3	—	1	4*

NOTE.—Figures in brackets indicate children, included in the totals, who are receiving tuition at home.

*Physically handicapped and educationally sub-normal.

EDUCATIONALLY SUBNORMAL PUPILS.

The term educationally subnormal embraces all children who by reason of limited ability or other conditions resulting in educational retardation, require special forms of teaching.

It is estimated that 10%, or even more in some places, of school children are educationally subnormal.

A summary of the present position in the county with regard to educationally subnormal pupils is given in the table on Page 15.

These figures, however, do not give a true picture, as the waiting list for special examinations, although growing, is nowhere near its potential size. As each examination occupies at least one hour of the Medical Officer's time (excluding travelling time) it is impossible with the present staff to keep up to date with the examinations and as a result only the more urgent cases are being dealt with. Head Teachers can always supply an impressive list of names of school children who show lesser degrees of retardation.

95' It will be noted that of the total of the children already assessed only twelve are attending Special schools whereas seventy-four are waiting for admission. Vacancies in Special schools are extremely few and far between and it is unlikely that anywhere near the total number already recommended will at the present rate be admitted during their school life. In addition there are a further ~~seventy-three~~ children for whom special educational treatment in ordinary schools has been recommended.

As long as Special school and/or special educational treatment is not available for these children they must continue to attend the ordinary schools. Thus they do not get a fair chance of being educated up to the limit of their ability and their chances of becoming useful citizens are considerably reduced. They also slow up the progress of the whole class to the detriment of the brighter children, and impair the efficiency of the teaching programme generally.

Many parents are at present unwilling to allow their children to attend Special schools—mainly because of the distance of such schools from their homes. It is felt that if there was a Special school in the county then reluctance would be overcome and there would be no difficulty in providing up to 50 suitable pupils for this school.

EDUCATIONALLY SUBNORMAL CHILDREN

AT 1st JANUARY, 1947					M.	F.	TOTAL.
Number of children who had been fully examined ...	...	...	...	...	67	28	95
Number attending residential special schools	...	...	...	...	6	2	8
Number attending day special schools	...	...	...	...	—	1	1
Number recommended for special schools	...	...	...	...	19	12	31
Number recommended for special educational treatment in ordinary schools	...	...	...	...	33	10	43
Number found to have <i>no</i> disability of mind	...	...	...	...	7	2	9
Number died, left school or removed from area	...	...	...	...	2	1	3
DURING 1947.							
Number of children fully examined	...	...	...	...	112	44	156
Number found to have <i>no</i> disability of mind	...	...	...	...	22	10	32
Number died, left school or removed from area	...	...	...	...	1	—	1
Number recommended for notification to the Local Authority for the purpose of the Mental Deficiency Acts	...	...	...	...	11	10	21
AT 1st JANUARY, 1948.							
Number attending residential special schools	...	...	...	...	7	2	9
Number attending day special schools	...	...	...	...	1	2	3
Total number on waiting list for admission to special schools	...	...	...	...	49	25	74
Total number recommended for special educational treatment in ordinary schools	...	...	...	...	76	19	95
Number of children on waiting list for full mental test	...	...	...	...	93	25	118

SPASTIC PARALYSIS.

It is now recognised that spastic paralysis is but one of many possible manifestations of a fundamental disability which is more correctly defined as cerebral palsy. In the majority of children suffering from this defect there is, as well as varying degrees of muscular involvement, some involvement of the sensory system, manifesting itself in anomalies of speech, sight or hearing. It is too, an unfortunate fact that many of the children so affected look grossly mentally defective, whereas it has been shown by the application of intelligence tests, which are not invalidated by the child's physical limitations, that up to 70% of them are educable.

It was to stimulate interest in the problems presented by such children and to have provisions made for their physical and mental welfare that the British Council for the Welfare of Spastics was formed and already this Body has done much useful research and propaganda work.

A review of all the children under the age of sixteen years in the county, other than the Borough of Swindon, known to suffer from cerebral palsy was undertaken during the year. It is unlikely that the review included all the cases under five years of age as these children are not all seen at the Child Welfare Clinics, and if a diagnosis of spastic paralysis is made by the family doctor we may not know about this until the child reaches school age, unless information comes through the practitioner or the Health Visiting Scheme. Sixty-three cases were investigated (33 male ; 30 female) and the results are analysed in the table below.

As will be seen from the number of children involved, the problem of providing suitable educational facilities for them is quite a formidable one. Many of these children require special educational treatment both on account of their physical and mental handicaps. As far as is known, there are only two special schools in Britain, with accommodation for only 60 pupils, which deal exclusively with spastic children. As a result of this lack of special educational facilities there are many children suffering from cerebral palsy who are either not attending school or who, if they do attend ordinary schools, are by reason of this handicap unable to benefit fully from the education provided, and thus their chances of becoming useful citizens are greatly reduced. In Wiltshire we have 29 such children attending ordinary schools and two receiving education at home. It is felt that many of these would be much better in special schools among children similarly handicapped, where their physical disability would not make them stand out as inferior to the normal child and where, as well as special education, they would have the benefit of special medical and remedial treatment.

PHYSICAL CONDITION—

Paralysis affecting one side only	...	...	...	...	...	...	25
„ „ both legs	...	...	...	...	...	...	22
„ „ both arms	...	...	...	...	...	...	—
„ „ both legs and arms	...	...	...	...	...	...	12
With a combination of any of the above	...	...	...	...	...	...	4
No. of these cases with indistinct speech	...	...	...	...	...	...	6
No. of these cases with no speech at all	...	...	...	...	...	...	8

INTELLIGENCE—

Normal	...	...	...	...	...	...	25
Some degree of backwardness	...	...	...	...	...	...	8
Seriously subnormal, but educable	...	...	...	...	...	...	4
Apparently ineducable	...	...	...	...	...	...	15
(13 of the 15 have been notified under the Mental Deficiency Acts)							
Intelligence not yet assessed	...	...	...	...	...	...	11

DISPOSAL—

Attending Special Schools	...	...	...	...	...	...	2
Attending ordinary schools	...	...	...	...	...	...	29
(3 of the 29 are awaiting admission to special schools)							
Attending at Occupational Centres	...	...	...	...	...	...	7
(all notified mental defectives)							
Receiving education at home	...	...	...	...	...	...	2
(suitable for admission to special school)							
Receiving no education :							
Awaiting admission to special school	...	...	...	...	...	...	2
Under school age	...	...	...	...	...	...	11
Notified under M.D. Acts	...	...	...	...	...	...	6
Others	...	...	...	...	...	...	4
(2 apparently ineducable : 2 sub-normal in intelligence)							

STATISTICS—

No. of cases per 100,000 of the County population	...	...	...	23.80
Percentage (of total cases) ineducable	...	...	...	23.81
Percentage (of total cases) in institutions	...	...	...	20.63
Percentage (of total cases) attending for out-patient treatment	...	...	...	66.67

CHILD GUIDANCE.

No progress was made towards the setting-up of a Child Guidance Clinic in the County. Advantage was taken, however, of the facilities offered by the Medical Officer of the City of Bath and children referred to a Child Guidance Clinic were sent to the Bath Clinic. The parents or guardians of 17 children accepted the invitations sent.

Five maladjusted children are receiving education in special residential schools, whilst two others are awaiting vacancies and meanwhile have continued to attend ordinary schools.

MARLBOROUGH CHILDREN'S CONVALESCENT HOME.

Towards the close of the year the number of children in residence was reduced to 80, as this was felt to be the maximum which could be dealt with efficiently, and within the capacity of the present buildings. Many improvements in the way of adaptations, equipment, redecoration, etc., which could not be done during the war, have been undertaken during the past year and, bearing in mind the age of most of the buildings, the property is now in very good condition.

During the war there had been a large proportion of healthy Public Assistance cases admitted which precluded the use of the institution in its primary function as a convalescent home. Endeavours are now being made to transfer the healthy children elsewhere, but this is most difficult owing to the lack of Children's Homes in the County. However, increasing use is being made of the facilities for convalescent children and at the present time the proportion of children in the Home needing convalescent treatment, and healthy children, is about equal.

CLEANLINESS.

Each school, other than secondary grammar schools, is visited twice during each term by the School Nurse, who makes an inspection of all children in school from the point of view of cleanliness, and reports are made as to the results of such inspections. These are summarised in table V on page 23.

Children whose heads are found to be infested with vermin are excluded from school under the provisions of Section 54 (2) of the Education Act, 1944, and advice and help is given by the Nurse to the parents in the matter of cleansing. If the parents do not co-operate and the child's condition remains unsatisfactory, a notice under the terms of Section 54 (3) of the Education Act is issued requiring the parents to take the child to a "cleansing station" to be cleansed. Facilities for the purpose have been arranged at the County Council Clinics at Trowbridge, Salisbury and Swindon and at the Public Assistance Institutions at Chippenham, Devizes, Salisbury, Semington, Stratton St. Margaret and Warminster.

Although the number of children excluded from school was 263 it was only necessary to issue 20 cleansing notices during the year and resort is only had to this measure when every effort by the nurse has failed.

Cases of infestation with nits only are reported to the parents by the Nurse, who gives such help and advice as may be necessary, and exclusion from school is seldom called for.

As will be seen from the table, however, the number of individual children found to be unclean was higher than in 1946, being 1,229 compared with 1,170 and 830 in 1945. With the increasing school population resulting from the raising of the school-leaving age and consequent overcrowding of schools this, of course, is not surprising. It is considered, too, that a major factor in the increasing uncleanliness found is that for the last few years the style of hairdressing amongst schoolgirls has altered, and the great majority of them now wear their hair long, and a child with short bobbed hair is seldom seen. It is also a fact that the standard of cleanliness adopted by the School Nurses is exceptionally high.

The cases of scabies reported during the year was considerably fewer, being 295 compared with 371 in 1946 and 457 in 1945.

SCHOOL CLOSURES.

The following is a record of the temporary closure of schools during the year on account of infectious disease or for other reasons :—

School.	Closed.			Re-opened.		Reason.
Broad Hinton	29/1/47	...	...	31/1/47	...	Lack of Heating
Bulford Council	18/2/47	...	...	21/2/47	...	Frozen Lavatory.
Wingfield	19th and 20th Feb., 1947			—	...	Influenza.
„	25th and 28th Feb., 1947			—	...	„
Oare	19th and 20th Feb., 1947			—	...	„
Trowbridge Parochial	25th and 26th Feb., 1947			—	...	Frozen Lavatories.
Warminster Close	25th and 26th Feb., 1947			—	...	„ „
Chilmark	11/3/47	...	...	21/3/47	...	Whooping Cough.
Mere Infants	11/3/47	...	...	—	...	No Fuel.
Shalbourne	21/3/47	...	...	28/3/47	...	Whooping Cough.
Castle Eaton	14/5/47	...	...	23/5/47	...	Measles.
Semington	29/5/47	...	...	6/6/47	...	„
„	9/6/47	...	...	13/6/47	...	„
Whiteparish	1/7/47	...	...	15/7/47	...	„
Steeple Langford	4/7/47	...	...	18/7/47	...	„
Wilsford and Lake	7/7/47	...	...	18/7/47	...	„
Bassett Down	8/9/47	...	...	19/9/47	...	„
Little Somerford	8/9/47	...	...	26/9/47	...	Contact of Poliomyelitis (Head Teacher).

SCHOOL BUILDINGS.

The Education Committee have made a complete survey of all the schools, other than private schools, throughout the County and, as required by the Ministry of Education, set out in detail in a “ Development Plan ” dated June, 1946, proposals for the provision of new schools to meet the requirements of the Act, for the repair or modification of existing schools, and for the closure of those which would become redundant under the regrouping of schools or were considered to be unsuitable for continued use. The Plan can obviously only be brought into operation gradually as circumstances permit, and in the meantime the Education Committee has an increasingly difficult task in maintaining the premises and providing reasonable amenities.

At each routine visit to a school, Medical Inspectors continue to report on defects in the premises. Many of the village schools are far below the modern hygienic standards of school premises, being without adequate water supply and sanitary accommodation. In addition, defects such as inadequate cloakrooms, inadequate lighting and playground facilities are frequently encountered. With the raising of the school-leaving age, overcrowding is now perhaps the most serious problem, but the Education Committee is doing its utmost to meet the difficulty by hiring outside accommodation wherever possible and taking any practicable measures to alleviate the position.

STATISTICAL TABLES.

Comparative figures for the year 1946 are given in brackets where they are available. Statistics as given in tables I (C), II (A), and III groups IV and V were not required by the Ministry of Education in respect of the year 1946 and comparison under these heads with the figures for 1947 is, therefore, not practicable.

PRIMARY AND SECONDARY MODERN SCHOOLS.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY MODERN SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	3,537	(3,401)
Second Age Group	3,003	(3,002)
Third Age Group	2,118	(2,111)
	Total	8,658 (8,514)
Number of other Periodic Inspections	168	(111)
	Grand total	8,826 (8,625)

B.—OTHER INSPECTIONS.

Number of Special Inspections	216
Number of Re-Inspections	9,496
	Total ... 9,712 (10,495)

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	108	1042	1106
Second Age Group	241	835	1030
Third Age Group	181	499	599
Total (prescribed groups)	530	2376	2735
Other Periodic Inspections	9	28	37
Grand Total	539	2404	2772

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DEC., 1947.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of defects.		No. of defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	86	9	5	—
5.	Eyes—(a) Vision	465	102	29	15
	(b) Squint	112	22	—	6
	(c) Other	65	12	6	2
6.	Ears—(a) Hearing	105	11	2	—
	(b) Otitis Media	34	29	2	2
	(c) Other	13	8	—	1
7.	Nose or Throat	617	509	39	34
8.	Speech	31	22	5	3
9.	Cervical Glands	76	99	2	15
10.	Heart and Circulation	39	61	2	2
11.	Lungs	83	60	7	2
12.	Developmental—				
	(a) Hernia	37	17	1	—
	(b) Other	39	42	2	—
13.	Orthopædic—				
	(a) Posture	81	9	1	—
	(b) Flat Foot	419	32	9	2
	(c) Other	440	32	20	3
14.	Nervous system—				
	(a) Epilepsy	9	5	—	1
	(b) Other	18	15	1	1
15.	Psychological—				
	(a) Development	42	18	6	1
	(b) Stability	15	9	1	—
16.	Other	142	59	10	2

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	3537	1208	34.16	1977	55.88	352	9.96
Second Age Group	3003	1088	36.23	1549	51.58	366	12.19
Third Age Group	2118	865	40.84	1050	49.58	203	9.58
Other Periodic Inspections	168	55	32.74	100	59.52	13	32.74
Total	8826	3216	36.44	4676	52.98	934	10.58

About a year ago the Ministry of Education recommended that instead of recording the nutritional standard of school children as A, B, C, or D, children should be classified according to their general condition, in the following categories :—

- A. Those better than normal, or “good” (the former nutritional standard “excellent” or A).
- B. The normal, or “fair” (the former “normal”—B).
- C. Those below normal, or “poor” (the former slightly “sub-normal”—C, and “bad”—D).
- For this reason no direct comparison with previous year's figures can be made.

TABLE III.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table V).

												Number of Defects treated, or under treatment during the year.	
Skin—													
Ringworm—Scalp—													
(i) X-Ray treatment.	If none, indicate by dash			...	...	...	...	...	...	...	...	5	} (17)
(ii) Other treatment	...	...	...	...	...	...	...	...	...	...	...	60	
Ringworm—Body	...	...	...	...	...	...	...	...	...	...	...	24	(5)
Scabies	...	...	...	...	...	...	...	...	...	...	...	295	(371)
Impetigo	...	...	...	...	...	...	...	...	...	...	...	368	(230)
Other skin diseases	...	...	...	...	...	...	...	...	...	...	...	259	(136)
Eye Disease	...	...	...	...	...	...	...	...	...	...	...	30	
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).													
Ear Defects	...	...	...	...	...	...	...	...	...	...	...	7	
(Treatment for serious diseases of the ear (e.g., operative treatment in hospital) should not be recorded here but in the body of the School Medical Officer's Annual Report).													
Miscellaneous (e g., minor injuries, bruises, sores, chilblains, etc.)	...	...	...	...	...	...	...	...	...	...	...	281	
Total	...	...	...	...	...	...	...	...	...	...	...	1329	(1130)
Total number of attendances at Authority's minor ailments clinics										...	...	...	2838

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I).

							No. of defects dealt with.	
ERRORS OF REFRACTION (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)							894	(1,069)
Other defect or disease of the eyes (excluding those recorded in Group I)							85	(93)
							<hr/>	<hr/>
Total ...							979	(1,162)
							<hr/>	<hr/>
No. of Pupils for whom spectacles were (a) Prescribed ...							711	(719)
(b) Obtained ...							668	(709)

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

						Total number treated.	
Received operative treatment—							
(a) for adenoids and chronic tonsillitis ...	...	...	...	...	...	731	} (904)
(b) for other nose and throat conditions ...	...	...	...	...	...	119	
Received other forms of treatment ...	...	...	...	...	...	55	(133)
					Total	...	905 (1,037)

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools ...	60
(b) Number treated otherwise, e.g., in clinics or out-patient departments	818

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated	(a) under Child Guidance arrangements	...	17
	(b) under Speech Therapy arrangements	...	62

TABLE IV.

DENTAL INSPECTION AND TREATMENT.*

(1) Number of pupils inspected by the Authority's Dental Officers—									
(a)	Periodic age groups	...	...	...	...	...	...	9,596	(15,399)
(b)	Specials	...	...	...	...	...	...	1,842	(740)
(c)	TOTAL (Periodic and Specials)	...	...	...	...	...	...	11,438	(16,139)
(2)	Number found to require treatment	...	...	...	...	...	...	6,837	(9,709)
(3)	Number actually treated	...	...	...	...	...	...	5,625	(7,798)
(4)	Attendances made by pupils for treatment	...	...	...	...	...	...	9,154	(11,949)
(5)	Half-days devoted to: (a) Inspection	...	...	...	...	...	...	165	(195)
	(b) Treatment	...	...	...	...	...	...	1,601	(1,720)
				Total	(a) and (b)	...	...	1,766	(1,915)
(6)	Fillings:	Permanent Teeth	...	...	...	...	...	5,284	(5,843)
		Temporary Teeth	...	...	...	...	...	918	(903)
					Total	...	...	6,202	(6,746)

(7) Extractions :	Permanent Teeth	...	...	...	...	1,016	(1,103)
	Temporary Teeth	...	...	...	...	6,937	(9,585)
				Total	...	7,953	(10,688)
(8) Administration of general anæsthetics for extraction				...	...	507	(630)
(9) Other Operations :	(a) Permanent Teeth	...	...	...	...	1,459	(1,526)
	(b) Temporary Teeth	...	...	...	...	1,693	(3,130)
				Total (a) and (b)	...	3,152	(4,656)
Patients fitted with Dentures	...	...	...	...	...	10	(2)
Patients fitted with Orthodontic Appliances	...	...	...	...	...	72	(34)
Patient fitted with an Obturator	...	...	...	...	...	1	

* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

TABLE V.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	...	...	...	...	135,415 (142,884)
(ii)	Total number of individual pupils found to be infested	...	...	...	...	...	1,229 (1,170)
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	...	263
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	...	20

GRAMMAR SCHOOLS.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED GRAMMAR SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—								
Entrants ...	...	...	...	...	...	...	759	(643)
Second Age Group	...	...	...	...	...	...	540	(589)
Third Age Group	...	...	...	...	...	...	506	(536)
							—	—
Total							1,805	(1,768)
Number of other Periodic Inspections				...	...	...	—	(56)
							—	—
Grand total							1,805	(1,824)

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	109
Number of Re-Inspections	...	...	...	...	1,388

Total				...	1,497 (1,050)

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group.	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants	83	132	213
Second Age Group	37	113	140
Third Age Group	32	63	93
Total (prescribed groups)	152	308	446
Other Periodic Inspections	6	50	50
Grand Total	158	358	496

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DEC., 1947.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of defects.		No. of defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	13	3	—	—
5.	Eyes—(a) Vision	133	31	6	3
	(b) Squint	7	2	—	—
	(c) Other	5	4	—	—
6.	Ears—(a) Hearing	4	1	1	—
	(b) Otitis Media	8	4	—	—
	(c) Other	2	—	1	—
7.	Nose or Throat	41	20	—	1
8.	Speech	2	1	—	—
9.	Cervical Glands	2	5	—	—
10.	Heart and Circulation	14	12	—	—
11.	Lungs	17	8	1	—
12.	Developmental—				
	(a) Hernia	4	—	—	—
	(b) Other	11	22	1	—
13.	Orthopædic—				
	(a) Posture	39	15	—	—
	(b) Flat Foot	74	18	—	—
	(c) Other	49	13	—	—
14.	Nervous system—				
	(a) Epilepsy	3	—	—	—
	(b) Other	7	1	—	—
15.	Psychological—				
	(a) Development	—	—	—	—
	(b) Stability	—	1	—	—
16.	Other	14	5	3	—

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	759	433	57.06	265	34.90	61	8.04
Second Age Group	540	252	46.66	268	49.63	20	3.71
Third Age Group	506	303	59.89	194	38.34	9	1.77
Other Periodic Inspections	—	—	—	—	—	—	—
Total	1,805	988	54.73	727	40.28	90	4.99

TABLE III.

TREATMENT TABLES.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table V).

[illegible]

Total number of attendances at Authority's minor ailments clinics	4
---	-----	-----	-----	---

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I).

							No. of defects dealt with.	
ERRORS OF REFRACTION (including squint). (Operations for squint should be recorded separately in the body of the School Medical Officer's Report)							186	(253)
Other defect or disease of the eyes (excluding those recorded in Group I)							—	(6)
							—	—
Total ...							186	(259)
							—	—
No. of Pupils for whom spectacles were (a) Prescribed ...							167	(192)
(b) Obtained ...							172	(177)

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

						Total number treated.	
Received operative treatment—							
(a) for adenoids and chronic tonsillitis ...	...	...	...	...	30	}	(24)
(b) for other nose and throat conditions ...	...	...	...	...	16		
Received other forms of treatment ...	...	...	...	...	6		(16)
				Total	...	52	(35)

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools ...	8
(b) Number treated otherwise, e.g., in clinics or out-patient departments	103

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated	(a) under Child Guidance arrangements	...	5
	(b) under Speech Therapy arrangements	...	2

TABLE IV.

DENTAL INSPECTION AND TREATMENT.*

(1) Number of pupils inspected by the Authority's Dental Officers—									
(a) Periodic age groups	...	...	...	...	...	...	2,567	(1,050)
(b) Specials	...	...	...	...	...	...	79	—
(c) TOTAL (Periodic and Specials)	...	...	...	...	...	...	2,646	(1,050)
							-----	-----	
(2) Number found to require treatment	...	...	...	...	...	...	1,608	(633)
(3) Number actually treated	...	...	...	...	...	...	1,317	(489)
(4) Attendances made by pupils for treatment	...	...	...	...	...	...	2,869	(1,572)
(5) Half-days devoted to : (a) Inspection	...	...	...	...	...	...	25	(12)
(b) Treatment	...	...	...	...	...	...	498	(229)
Total (a) and (b)							...	523 (241)	

(6) Fillings :	Permanent Teeth	...	...	...	...	2,714	(1,313)
	Temporary Teeth	...	...	...	...	6	—
	Total	...			...	2,720	(1,313)
(7) Extractions :	Permanent Teeth	...	...	...	...	467	(225)
	Temporary Teeth	...	...	...	...	191	(166)
	Total	...			...	658	(391)
(8) Administration of general anæsthetics for extraction						—	—
(9) Other Operations :	(a) Permanent Teeth	...	...	...	...	710	(439)
	(b) Temporary Teeth	...	...	...	...	11	(52)
Total (a) and (b)						721	(491)
Patients fitted with Orthodontic Appliances						15	
Patients fitted with Dentures						2	

* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.

